

**Division of Substance Abuse  
Treatment Resource Directory  
Correction Page**

If the information about your treatment program is inaccurate or if you would like to add a licensed program to the directory, please complete this form and return it to the address listed below. Use a separate form for each site.

Name of Agency/Program \_\_\_\_\_

Address of Agency/Program \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Emergency (\_\_\_\_) \_\_\_\_\_ Web Address \_\_\_\_\_

Email address \_\_\_\_\_

Contact Person \_\_\_\_\_

**Type of substance abuse treatment provided at this site:**

(Please check all that apply)

\_\_\_\_\_ Detoxification

\_\_\_\_\_ Non-Medical

\_\_\_\_\_ Medical

\_\_\_\_\_ Inpatient \_\_\_\_\_ Adult \_\_\_\_\_ Adolescent

\_\_\_\_\_ Outpatient (see below for services to special populations)

\_\_\_\_\_ Intensive Outpatient \_\_\_\_\_ Adult \_\_\_\_\_ Adolescent

\_\_\_\_\_ Residential

\_\_\_\_\_ Family Residential

\_\_\_\_\_ Transitional

**Services currently provided to special populations:**

(Please check all that apply)

\_\_\_\_\_ Adolescent Group

\_\_\_\_\_ Dual Diagnosis Group

\_\_\_\_\_ Women's Group

\_\_\_\_\_ Narcotic Treatment Program

Please complete this section only if your program has client beds. **Note:** Due to the structure of most inpatient programs, the specific number of beds for these types of programs will not be listed.

\_\_\_\_\_ Detoxification

\_\_\_\_\_ Non-Medical \_\_\_\_\_# Male Beds \_\_\_\_\_#Female Beds \_\_\_\_\_# Flexible Beds (m/ f)

\_\_\_\_\_#Adolescent Beds \_\_\_\_\_#Adult Beds

\_\_\_\_\_ Medical \_\_\_\_\_# Male Beds \_\_\_\_\_#Female Beds \_\_\_\_\_# Flexible Beds (m/f)

\_\_\_\_\_#Adolescent Beds \_\_\_\_\_#Adult Beds

\_\_\_\_\_ Residential \_\_\_\_\_# Male Beds \_\_\_\_\_#Female Beds \_\_\_\_\_# Flexible Beds (m/f)

\_\_\_\_\_#Adolescent Beds \_\_\_\_\_#Adult Beds

\_\_\_\_\_ Family Residential \_\_\_\_\_# Male Beds \_\_\_\_\_# Female Beds \_\_\_\_\_#Flexible Beds (m/f)

\_\_\_\_\_#Children's Beds \_\_\_\_\_#Adolescent Beds \_\_\_\_\_#Adult Beds

\_\_\_\_\_ Transitional \_\_\_\_\_# Male Beds \_\_\_\_\_#Female Beds \_\_\_\_\_# Flexible Beds (m/f)

\_\_\_\_\_#Adolescent Beds \_\_\_\_\_#Adult Beds

Please return this form via mail, fax or email to:

Barry Kellond  
Division of Substance Abuse  
100 Fair Oaks Lane 4E-D  
Frankfort, KY 40621-0001  
(502) 564-3487  
Fax: (502) 564-7152  
[Barry.Kellond@ky.gov](mailto:Barry.Kellond@ky.gov)